

Guidelines

Grant year:

October 1, 2021, through September 30, 2022

Goal:

To provide statewide opportunities for parents of children with special health care needs to obtain peer-to-peer support and information within a confidential and comfortable parent support group environment. The parent support group should reflect the community's commitment to the health and emotional well-being of families.

Objective:

Organizations applying for the Parent Support Group Grant agree to meet the following objective:

- Provide parents of children and youth with special health care needs an opportunity to meet with other parents of children and youth with special health care needs in a neutral and accessible setting. Support groups that are implemented will give parents of children and youth with special health care needs opportunities to discuss common experiences, how to navigate those experiences, share resources, and learn more about their child/ren's special health care need/s.

Purpose:

Each Region (**see Exhibit A**) is eligible to receive a \$500 grant to meet the objectives listed above.

Here are some examples of opportunities to achieve the objective:

- Use grant funds to secure an appropriate location
- Use grant funds to cover event food and materials
- Use grant funds to compensate parent to plan and facilitate support group
- Marketing of parent support groups
- Partner with other agencies to complete grant objective



Guidelines (Cont'd)

Grant Requirements and Award Process

Please submit the grant application (including work plan) by the deadline listed below.

Grant applicants must:

- Agree to host six Parent Support Groups throughout the year

Since this is a competitive grant process, preference will be given to the grant applicant that demonstrates the ability to meet/exceed the objectives and purpose of the grant. **Notification of award will be made by the end of September 2021.**

After the close of the grant period, a final grant report will need to be submitted. This grant report can be submitted as a narrative and should include proof of deliverables for the Work Plan and Budget submitted at the time of application. Examples of these proofs may include (but are not limited to); marketing materials, sign-in sheets for events, satisfaction surveys, and proof of outreach efforts. **All grant funds must be expended by the end of September 2022.**

Grant Deadlines

Grant Application deadline: **August 20, 2021**

Notification of award after: **September 17, 2021**

Funding awarded to recipient after: **October 1, 2021**

Funds expend Date: **September 30, 2022**

Final grant report to Family Center: **October 31, 2022**

Grant Application

Please carefully read the criteria for submission. The Family Center may also request additional information after the application is submitted.

Lead Agency: _____

Region Represented: _____

Address: _____

List Collaborative Agencies: _____

Primary Contact Information:

Name: _____

Phone: _____

Email: _____

Organization Representative Name

Organization Representative Signature

Date

Grant Application (Cont'd)

Please include the following information with your grant application:

Project Description and Parent Support Group Work Plan

The Project Description should state the overall goals of the project. The Parent Support Group Work Plan should state the project's objective, activities, timeframe, and outcomes (work plan template attached).

Outcome Measures and Evaluation Component

Discuss outcomes and any other measurable benefits to be derived from the parent support group, in the form of project outcomes and an evaluation component. Outcomes should describe the support group's expected results in terms that are quantifiable and time-limited and should be included in the work plan template.

Budget Section

Complete the budget form included in this application packet. Include a narrative of the proposed budget. Explain how the cost of the parent support group was determined. Include any cost sharing that will occur among the project partners and identify expenses that will be cost-shared if any. Please note: the grant money is not intended to fund staff.

Grant Application Deadline: **August 20, 2021**

Please complete and return the grant application by:

Scanning as a PDF and sending to: MezelM@michigan.gov

This is the preferred method of submission.

Or Fax: 517-241-8970

For questions, please call Megan at (517) 241-9037 or send an email to MezelM@michigan.gov

****If you do not receive an email receipt within two weeks of sending your application please follow up. An email will be sent out to the primary contact for all applications that are received. If you do not receive an email, we have not received your application. Email is the preferred method to receive the application.****

Community Grant Application Budget Form

Grant Budget				
	Grant Funds	Other	In-Kind	TOTAL
Supplies				
Lead Parent Stipend				
Location				
Refreshments/ Food				
Materials				
Marketing				
* Mileage				
TOTAL				

* Mileage reimbursement is intended for support group attendees only.

Budget Justification Narrative

State a detailed breakdown for all funds that are being requested: the amount requested for each budget category and a detailed list of how the amount will be spent (use additional pages as needed).

Work Plan Project Narrative

State the overall goal of the project, and list: objective, timeframe, and outcomes (use additional pages as needed).

Work Plan Template

OBJECTIVE:	Implement support groups that will give parents of children and youth with special health care needs opportunities to discuss common experiences, how to navigate those experiences, share resources, and learn more about their child/ren's special health care need/s. Outcomes are to be strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable (SMARTIE criteria).
ACTIVITIES:	
OUTCOMES:	
MEASUREMENT:	

Please use additional pages for objective if needed.

Exhibit A Regions

